

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESReceived on 12/27/07
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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2007
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NAME OF PROVIDER OR SUPPLIER

M T S

STREET ADDRESS, CITY, STATE, ZIP CODE

927 55TH STREET, NE

WASHINGTON, DC 20019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS: A recertification survey was conducted from October 30, 2007 thru November 2, 2007. The survey was initiated using the full survey process. A random sample of three clients was selected from a client population of five females with various disabilities. These clients transitioned to this group home in the latter part of September 2007. The findings of the survey were based on observations, interviews with staff in the home and at three day programs, as well as a review of client and administrative records, including incident/investigation reports.	W 000		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on the complainant observation, interviews with staff, and the review of records, the facility's governing body failed to consistently provide operational direction over the facility. The findings include: 1. The governing body failed to establish an effective system to ensure that clients' legal guardians were fully informed of the clients' medical condition, developmental and behavioral status, attendant risks of treatment, the right to refuse treatment, and due process rights. [See W124] 2. The governing body failed to ensure that newly hired staff demonstrated competency in implementation of Client #1 Behavior Support	W 104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited in an approved plan of correction is required to continued program participation.

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NAME OF PROVIDER OR SUPPLIER M T S			STREET ADDRESS, CITY, STATE, ZIP CODE 927 58TH STREET, NE WASHINGTON, DC 20019		
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W 104	Continued From page 1 Plan (BSP). [See W/193]	W 104	W104 MTS has insured that the issues cited in W104 and the associated tags have been addressed as evidenced by the responses for W124, W193, W149 and W153 ... 11-30-07.		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for two of four clients in the sample. (Client #1 and Client #2) The findings include: 1. Observation of the evening medication administration on October 30, 2007 at approximately 7:10 PM, revealed Client #1 received Risperidone 50 mg, Haldol 8 mg, Buspirone HCL 10 mg, and Gabapentin 300 mg by mouth. Interview with the nursing staff on the same day at approximately 7:50 AM revealed that the medications were prescribed for behavior	W 124			

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W 124

Continued From page 2
management. Review of the client's physicians orders dated September 2007 on October 11/1/07 2007 at approximately 8:20 AM revealed that medications were incorporated in a Behavior Support Plan (BSP) dated 12/3/06, to address behaviors associated with hitting self, hand biting, nose picking, stomping, head banging/arms swinging, hitting, face slapping, skin picking, and hugging too hard for too long. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:15 AM revealed that Client #1 did not have a legal guardian. Further interview with the QMRP revealed that Client #1's mother signed consents for her medical procedures, however, she expired on 10/18/07. The review of Client #1's Psychological Assessment dated 12/1/06 on 11/1/07 at approximately 2:55 PM indicated that the client was able to make independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #1 or a legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.

2a. Observation of the evening medication administration on October 30, 2007 at approximately 7:02 PM, revealed Client #2 received Lithium Oral Solution 450 mg, Risperdal 4 mg, Tegretol 100 mg 3 tabs BID, and Clomipramine 100 mg by mouth. Interview with the nursing staff on the same day at approximately 7:59 AM revealed that the

W 124

As indicated by the surveyor, the mother of client #1 had just expired on 10-18-07. Also as indicated by the surveyor, the QMRP has completed the necessary paperwork to establish a legal guardian for client #1. The QMRP will follow up with the DDS case manager until the needed guardian is obtained. The QMRP monthly notes will reflect the status of follow up beginning with the December 2007 summary ... 12-15-07.

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W 124	<p>Continued From page 3</p> <p>medications were prescribed for behavior management. Review of the client's physicians orders dated September 2007 on October 11/1/07 2007 at approximately 10:34 AM revealed that medications were incorporated in a Behavior Support Plan (BSP) dated 12/1/06, to address behaviors associated with aggression, self-injurious behaviors, property destruction, hitting, kicking, pushing people, screaming, throwing objects, spitting, and hyperactivity. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:15 AM revealed that Client #2 did not have a legal guardian. Further interview with the QMRP revealed that Client #2's sister was involved and signed consents for her medical procedures, however, she was not the legal guardian. The review of Client #1's Psychological Assessment dated 12/1/06 on 11/1/07 at approximately 3:11 PM indicated that the client was able to make independent decisions covering her residential or placement, treatment plan or financial affairs. There was no documented evidence that the facility informed Client #2 or a legally authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of her psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.</p> <p>b. Interview with the facility's Nursing Coordinator and review of the medical records on 11/1/07 at approximately 10:50 AM revealed that Client #2 received Ativan 2 mg for a Gyn appointment. Further record review failed to evidence that consent had been obtained prior to the</p>	W 124	The QMRP will follow up with the sister of client #2 to establish her as the legal guardian for her sister. The QMRP monthly notes will reflect the status of follow up beginning with the December summary ... 12-15-07.		

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W 124	Continued From page 4 administration of the medication. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 approximately 10:16 AM revealed that Client #2's sister signed consents for medications and medical procedures. Further interview with the QMRP revealed that Human Rights Committee (HRC) had approved the use of the sedative medications prior to the implementation.	W 124	The QMRP will insure that consents are signed prior to sedation situations once the two new legal guardians are established and for all of the individuals served in this home... 12-30-07.		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of two clients in the sample. (Clients #3) The finding includes: Interview with the Activities Coordinator (AC) at the day program and review of the monthly progress notes on 10/30/07 at approximately 10:50 AM revealed that Client #3 had a money management objective. The objective stated that "given verbal prompts, the client will identify coins (penny, nickel, dime, quarter, 50 cents up to \$1.00) within 12 months." The AC indicated that Client #3's went on outings and made purchases. Interview with QMRP on 11/2/07, at 10:30 AM revealed that Client #3 had financial assessment. The client IPP reviewed on 11/2/07 at	W 126	MTS is systematically tracking the guardianship and consent status for its entire census served. Over the last year, MTS has made great strides in reducing the number of individuals who have no decision-making support person. These efforts will continue until each person supported who needs decision-making support has an appropriate person in place... 11-30-07.		

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W 126	Continued From page 5 approximately 9:15 AM did not include a money management goal and there was no comprehensive money management assessment that outlined Client #3's skills and specific need in this area.	W 126	A money management objective will be added to the active treatment training regimen of client #3 and the QMRP will assess the skills of client #3 prior to developing the program to insure that the program reflects client #3's existing skill levels and potential for growth. The QMRP will be assisted by the Residential Manager and the QA Consultant... 12-15-07.		
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the right to privacy during treatment and personal needs, for two of five clients included in the sample. (Client #1 and #3) The findings include: 1. On 10/30/07 at 5:54 PM, Client #1 observed lifting her shirt up exposing her bra and with her pants unbutton while assisting her housemate with setting the table for dinner. Further observations revealed one direct care staff was in the kitchen preparing dinner and the other direct care staff was in the basement with three other clients. Interview with the direct care staff revealed that Client #1 will expose herself by taking off her clothes when she becomes too hot. At no time did direct care staff encourage Client #1 to button her pants and to keep her shirt down. 2. On 10/30/07 at approximately 7:00 PM, Client #3 was observed sitting on the toilet while the bathroom door was wide open. The toilet and Client #3 were visible from the kitchen and the	W 130	In addition, this consideration will be reviewed for all of the individuals served in this home to insure proper training is occurring... 12-15-07.		

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W 130

Continued From page 6
hallway. Interview with the direct care staff staff revealed that the client needed reminders to close the door when she used the bathroom. The staff was aware that the door was open while Client #3 used the bathroom. At no time did staff remind Client #3 to close the door when informing them that she was going to the bathroom. There was no evidence that the direct care staff ensured the client's privacy while using the bathroom.

W-149

483.420(d)(1) STAFF TREATMENT OF CLIENTS

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to implement its incident management policy on reporting emergency room visits and/or admissions to other officials in accordance with State Law (DC regulation 22 DCMR Chapter 35 Section 3519.10).

The findings include:

1. Review of unusual incident reports on 10/30/07 at approximately 1:07 PM revealed that on 1/4/07, staff noted a change in the respiratory status of Client #1 with shortness of breath and wheezing. Client #1 was escorted to the Providence emergency room for evaluation and was subsequently admitted to the hospital. Further review revealed that Client #1 was discharged on 1/6/07 with a diagnosis of hypokalemia. Additional record review of the incident revealed that the facility had notified the Department of Health (DOH) on 1/6/07 of the

W 130

W130

The staff will receive further training on privacy and dignity from the QMRP by ...12-15-07.
The QMRP and facility manager will insure ongoing follow up via routine weekly observations of active treatment as implemented by the direct care staff (minimum weekly by the QMRP, bi-weekly by the facility manager) ...12-15-07.

W 149

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W 149	Continued From page 7 hospitalization. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 8:24 PM revealed that all emergency room visits and hospital admissions should be forwarded to the state agencies within 24 hours. Review of the Incident management policy on 10/31/07 at approximately 1:00 PM confirmed the QMRP statements for reporting emergency room visits. The facility failed to implement their policy and procedure on reporting emergency room visits that leads to hospitalizations. 2. Review of an incident report dated 5/30/07 revealed that Client #6 had arrived home from the day program. The client tripped over her sandals and fell down on her knee while running through the facility. Direct care staff transported Client #5 to Emergency Room ER for a swollen left knee. The client was discharged with on the same day with a diagnosis of contusion to the left knee. Further review of the incident report revealed that the state agency (DOH) was notified of the emergency room visit on 6/4/07 five days later. Interview with the QMRP revealed that the incident report was forward to the facility's Incident Management Coordinator (IMC) who was responsible for notifying the state agencies. There was no documented evidence that the facility's IMC had forwarded the incident report to DOH as required by policy.	W 149	W149 MTS conducts a monthly management team meeting that includes the residential manager, president, QA consultant, IMC and DON. In the December meeting, the team will insure that it reviews the process for submitting incident reports in a timely manner to insure that there are no flaws in MTS' internal processes... 12-20-07. The residential manager will reinforce during the December QMRP team meeting the importance of insuring that incident reports are submitted to the IMC within 24 hours and direct that this be reiterated for a staff during December staff meetings... 12- 20-07. The IMC will retain copies of the fax verification documents to insure that MTS can verify when documents were actually faxed... 12-1-07.		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through	W 153			

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NAME OF PROVIDER OR SUPPLIER MTS			STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019		
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W 153	Continued From page 8 established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all injuries of unknown source and emergency room visits requiring the clients to be admitted were immediately reported to the administrator and to other officials in accordance with State Law (DC regulation 22 DCMR Chapter 35 Section 3519.10). The finding includes: Review of an unusual incident report dated 10/1/07 revealed that Client #5 was discovered to have a bruise on her right foot while showering. The client's foot was x-rayed and the results were negative. Further review of the incident report revealed that the facility's IMC had forwarded the incident report via fax to DOH on 10/12/07. There was no documented evidence that the facility's IMC had forwarded the incident report to DOH as required.	W 153	W153 See response for W149 above.		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to integrate, coordinate and monitor its clients active treatment programs.	W 159			

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W 159	<p>Continued From page 8</p> <p>The findings include:</p> <ol style="list-style-type: none">1. The facility's QMRP failed to ensure that staff demonstrated competency in implementation of Behavior Support Plan (BSP). [See W193]2. The QMRP failed to ensure that clients were provided the opportunities for making choices as part of their self-management. [See W247]3. The QMRP failed to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately. [See W252]4. The facility's QMRP failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP) made certain that the data collection system was directly related to the outcome of the objective. [See W237]5. The QMRP failed to coordinate with the Interdisciplinary Team (IDT) to explore whether Client was a candidate for dentures or a bridge to address her missing front teeth as evidenced below: <p>Observations conducted on 10/30/07 at approximately 5:42 PM revealed Client #2 missing her front teeth. Interview with the QMRP on 11/2/07 at approximately 12:30 PM revealed that she was unsure whether or not Client #2 has been assessed for dentures or a bridge for her missing front teeth. The QMRP directed the surveyor to speak with the facility's Licensed Practical Nurse (LPN). Interview with the facility's LPN on the same day at approximately 1:30 PM</p>	W 159			

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W 159	Continued From page 10 revealed that Client #2 has never been assessed for dentures or a bridge. 6. The facility's QMRP failed to ensure that adaptive equipment identified as needed by the interdisciplinary team were furnished and maintained. [See W436] 7. The QMRP failed to ensure that informed consent were obtained from family/legal guardians for psychotropic medications, sedation, and the implementation of Behavior Support Plans prior to their implementation. [See W124 and W263] 9. The QMRP failed to ensure to assess adaptive behaviors and/or independent living skills. [See W224] 10. The QMRP failed to ensure that clients' individual program plans (IPP) included training in privacy. [See W242] 11. The QMRP failed to ensure that clients were provided the opportunities for continuous active treatment in accordance with the individual program plans (IPPs) and demonstrated needs. [See W249]	W 159	W159 1, 2, 3 and 4 - see responses for W193, V247, W252 and W237. 5. The QMRP will coordinate with nursing to schedule client #2 for dental follow up to assess the possibility of a bridge. 12-15- 07. 6, 7, 9, 10, and 11 - see responses for W-36, W124, W263, W224, W242, and W249.		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each	W 189			

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W 189	Continued From page 11 employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The findings include: 1. The facility failed to ensure that staff demonstrated the protection of clients rights. [See W130] 2. The facility failed to ensure that newly hired staff demonstrated competency in the implementation of Client #1 Behavior Support Plan (BSP). [See W193] 3. The facility failed to ensure that staff had received effective training on documenting Client #1's targeted behaviors on the Antecedent Behavior Consequence (ABC) Data Collection Sheets. [See W252]	W 189	W189 The QMRP will insure that all staff receives further training in privacy/dignity and human rights generally by ... 12-15-07. The QMRP will coordinate with psychology to insure further training is provided on the BSP of client #1 for new and old staff and on the behavior data collection systems ... 12-30-07. The QMRP and facility manager will review data collection routinely (minimum weekly QMRP, bi-weekly facility manager) to insure ongoing compliance and will provide on-the-spot training when errors are noted ... 12-1-07.		
W 193	483.430(e)(3) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients. This STANDARD is not met as evidenced by: Based on observations, staff interviews and the review of records, the facility failed to ensure that newly hired staff demonstrated competency in the implementation of Client #1 Behavior Support Plan (BSP). The finding includes: Observations conducted on 10/30/07 at approximately 5:25 PM revealed Client #1 hitting	W 193			

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NAME OF PROVIDER OR SUPPLIER M T S			STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 193	Continued From page 12 one housemate on the right shoulder three times and attempting to hit another housemate. Further observations revealed that the direct care staff prompted Client #1 to stop while standing between her and the other housemate. Interview with the direct care staff at approximately 5:36 PM revealed that she had not been trained on the clients Behavior Support Plans (BSP). Further interview with the staff revealed that she had only been working at the facility six (6) days. Review of the BSP dated 12/3/06, revealed that the client has targeted behaviors that included hitting or attempts to hit with intent to harm. Further review revealed that when the client shows stereotyped behaviors, staff should implement the following steps: a. Actively engaged continuously b. Redirect early to an activity or a task she likes c. Do not just tell her stop d. Teach her to use her hands by giving something to hold, fold, place, drop, squeeze e. Redirect her with sensory materials. f. Praise for cooperation Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at 10:00 AM acknowledged that the newly hired staff had not received training on the clients BSP. There was no evidence that staff demonstrated competency in implementation of Client #1's BSP.	W 193	W193 The QMRP will provide training to the newly hired staff member on all behavior issues by ... 11-30-07. The staff member will receive further training via psychology by ... 12-30-07. It should be noted that the staff member in question did receive initial training on the BSPs during the in-home portion of the orientation but that should not be expected to allow a person with six days experience to perform at 100% efficiency so soon. Further training and observation is needed, expected and as per the response here, will be provided ... 12-30-07. It should also be noted, as the surveyor accurately indicated, that the staff member responded appropriately in attempting to stop the client from hitting/harming the peer ... 11-30-07.		
W 224	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.	W 224			

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NAME OF PROVIDER OR SUPPLIER

M T S

STREET ADDRESS, CITY, STATE, ZIP CODE

927 55TH STREET, NE

WASHINGTON, DC 20019

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W 224	Continued From page 13 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assess adaptive behaviors and/or independent living skills, for one of the five clients in the sample. (Client #3) The finding includes: The facility failed to assess that Clients #3 in the area of money management. [See W126] 483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN	W 224	W224 See response for W126	
W 237	Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP) specified the type of data necessary to assess progress toward the desired objective for one of three clients in the sample. (Client #1) The finding includes: 1. Review of Client #1's Individual Programs Plan (IPP) and data collection on 11/2/07 at approximately 8:24 AM revealed the following objectives: a. The client will see the table with a peer on 7/7 sessions. b. The will client express herself at the	W 237		

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W 237	Continued From page 14 appropriate time with physical assistance down to verbal prompts on 4/5 trials. According to the data sheets, staffs' documented a (+) if the client completed the task and (-) if the client did not complete the tasks or refused. The data sheet did not reflect at what level of assistance was being used. It could not be determined how these goals were being measured for progress. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 11:55 PM acknowledged that the current data collection system did not provide accurate measurement the client's progress.	W 237	W237 The programs cited here will be reviewed and modified where needed to insure that they reflect clear, measurable objectives and matching data collection systems. The programs will be modified by ... 12-15-07. In addition, MTS is in the process of providing its QMRPs with a selection of standard guides for developing programs that can be used to develop the individualized programs for each person supported ... 12-30-07.		
W 242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in privacy for one of three clients included in the sample. (Client #3) The finding includes: The facility failed to ensure that Client #3's IPP included training in privacy. [See W130]	W 242	W242 See responses for W130.		

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W 247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that clients (#1 and #2) were provided the opportunities for making choices as part of their self-management.</p> <p>The findings include:</p> <p>1. Evening observations was conducted on 10/30/07 at approximately 7:10 PM revealed the Licensed Practical Nurse (LPN) preparing the Client #1's water for medication administration. The LPN was further observed to administer the medications to the client. Interview with the LPN revealed that Client #1 has a self-medication that is implemented only on the weekends. Review of Client #1's Individual Program Plans (IPP) dated 2/5/07 on 11/2/07 at approximately 2:25 PM revealed "the client will independently take her medications five days a week for eight consecutive sessions for 3 months. (i.e. the clients will a) get the water, b) go to the nurse when name is called c) accept the medications, d) will take the medications, and d) drink the water. Further review revealed that staff will document on the facility's data sheets five days a week Monday thru Friday. There was no evidence that the Client #1 was afforded the opportunity for choice, self-management, or to participate in her IPP regimen to the extent of his capabilities.</p> <p>2. Evening observations was conducted on</p>	W 247			

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NAME OF PROVIDER OR SUPPLIER

MTS

STREET ADDRESS, CITY, STATE, ZIP CODE

927 55TH STREET, NE
WASHINGTON, DC 20019

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W 247

Continued From page 16
10/30/07 at approximately 7:02 PM revealed the Licensed Practical Nurse (LPN) preparing the Client #2's water for medication administration. The LPN was further observed to hold the pill cup to the client's mouth. Interview with the LPN revealed that Client #1 has a self-medication that is implemented only on the weekends. Review of Client #2's Individual Program Plans (IPP) dated 12/8/06 on 11/2/07 at approximately 3:11 PM revealed "the client will independently take her medications five days a week for eight consecutive sessions for 3 months. (i.e. the clients will a) get the water, b) go to the nurse when name is called, c) accept the medications, d) will take the medications, and d) drink the water. Further review revealed that staff will document on the facility's data sheets five days a week Monday thru Friday. There was no evidence that the Client #2 was afforded the opportunity for choice, self-management, or to participate in her IPP regimen to the extent of his capabilities.

W 249

483.440(d)(1) PROGRAM IMPLEMENTATION

As soon as the interdisciplinary team has formulated a client's Individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the Individual program plan.

This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that clients were provided the opportunities for continuous

W 247

W247
The DON, lead RN and QMRP will collaborate to insure that medication nurses follow the self medication programs for the individuals supported as per the written program mandates ... 12-15-07.
The QMRP and lead RN will review the data routinely (minimum weekly) to insure routine compliance ... 12-1-07.

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W 249	<p>Continued From page 17</p> <p>active treatment in accordance with the individual program plans (IPPs) and demonstrated needs for clients #1 and #2.</p> <p>The findings include:</p> <p>1. Evening observations was conducted on 10/30/07 at approximately 7:10 PM revealed the Licensed Practical Nurse (LPN) preparing the Client #1's water for medication administration. The LPN was further observed to administer the medications to the client. Interview with the LPN revealed that Client #1 has a self-medication that is implemented only on the weekends. Review of Client #1's Individual Program Plans (IPP) dated 2/6/07 or 11/2/07 at approximately 2:25 PM revealed "the client will independently take her medications five days a week for eight consecutive sessions for 3 months. (i.e. the clients will a) get the water, b) go to the nurse when name is called, c) accept the medications, d) will take the medications, and d) drink the water. Further review revealed that staff will document on the facility's data sheets five days a week Monday thru Friday. There was no evidence that the Client #1 was afforded the opportunity for choice, self-management, or to participate in her IPP regimen to the extent of his capabilities.</p> <p>2. Evening observations was conducted on 10/30/07 at approximately 7:02 PM revealed the Licensed Practical Nurse (LPN) preparing the Client #2's water for medication administration. The LPN was further observed to hold the pill cup to the client's mouth. Interview with the LPN revealed that Client #2 has a self-medication that is implemented only on the weekends. Review of Client #2's Individual Program Plans</p>	W 249			

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W 249	Continued From page 18 (IPP) dated 12/8/08 on 11/2/07 at approximately 3:11 PM revealed "the client will independently take her medications five days a week for eight consecutive sessions for 3 months. (i.e. the clients will a) get the water, b) go to the nurse when name is called, c) accept the medications, d) will take the medications, and d) drink the water. Further review revealed that staff will document on the facility's data sheets five days a week Monday thru Friday. There was no evidence that the Client #2 was afforded continuous opportunities for choice, self-management, or to participate in her IPP regimen to the extent of his capabilities.	W 249	W249 See responses for W247 above.		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately for one of three clients in the sample.(Client #1) The finding includes: Observations conducted on 10/30/07 at approximately 5:25 PM revealed Client #1 hitting one housemate on the right shoulder three times and attempting to hit another housemate. Further observations revealed the client banging her head, stomping, and arm swinging. Review of Client #1 Behavior Support Plan (BSP) dated	W 252			

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W 252	Continued From page 19 12/3/06 on 11/1/07 at approximately 2:52 PM revealed that staff was to record target behaviors on the Antecedent Behavior Consequence (ABC) charts. On 11/2/07 at approximately 8:24 AM the review of the data chart revealed that Client #1 had behaviors of laying on the floor and hitting her head. Further review of the data collection sheets did not reflect Client #1 stomping, arm swinging, and hitting others was observed on 10/30/07. There was no evidence that the data had been collected in accordance with the BSP for Client #1, which was necessary for a functional assessment of the client's progress.	W 252	W252 The QMRP will coordinate with psychology to insure that staff receives further training on the BSPs and data collection ...12-30- 07. The QMRP will review data collection at minimum weekly and observe active treatment implementation at minimum weekly to insure routine compliance ... 12-1-07.		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on interview and record review, the facility's specially-constituted committee (Human Rights Committee) failed to ensure that restrictive programs were used only with written consents, for two of three clients included in the sample. (Client #1 and #2) The findings includes: The facility's human rights committee failed to ensure that informed consent had been obtained for the use of Client #1's and #2's Behavior Support Plan (BSP) in conjunction with the use of prescribed psychotropic medications as evidenced below:	W 263			

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NAME OF PROVIDER OR SUPPLIER MTS				STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE WASHINGTON, DC 20019			
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W 263	Continued From page 20 1. There was no evidence that written consent had been obtained for Client #1's Behavior Support Plan (BSP), for the use of the prescribed psychotropic medications. Interview with Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:15 PM revealed that Client #1 did not have written informed consent signed by a guardian or any other person identified as responsible at the time of the survey; however, the QMRP submitted paper to obtain guardianship for the client. [See W124] 2. There was no evidence that written consent had been obtained for Client #2's Behavior Support Plan (BSP), for the use of prescribed psychotropic medications, and sedation prior to medical appointments. Interview with the Qualified Mental Retardation Professional (QMRP) on 11/2/07 at approximately 10:55 PM revealed that Client #2's sister signed consents for treatment. [See W124]			W 263	W263 See responses for W124		
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the facility failed to ensure comprehensive treatment services for the maintenance of dental health for one of three clients in the sample. (Client #3)			W 356			

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MTS

STREET ADDRESS, CITY, STATE, ZIP CODE

927 55TH STREET, NE

WASHINGTON, DC 20019

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W 356

Continued From page 21

The finding includes:

Observations conducted at the day program on 10/31/07 at approximately 10:18 AM revealed Client #3 appeared to have a heavy build up plaque and discoloration around her teeth. Review of Client #3's medical records on 11/1/07 at approximately 1:48 PM revealed an initial dental consult dated 6/11/07. According to the consult, the dentist recommended patient scaling due heavy calculus deposits, and indicated she "will submit pre-authorization to Medicaid for approval." Interview with the Qualified Mental Retardation Professional (QMRP) and facility's Licensed Practical Nurse (LPN) on 11/2/07 at approximately 1:15 PM confirmed that Client #3 saw the dentist on 6/11/07 and recommended scaling. The QMRP revealed that the facility was still waiting for approval for dental services (Scaling). At the time of the survey, the facility failed to provide evidence that Client #3 received timely dental services. There was also no evidence of the facility's efforts to assist with the obtainment of the pre-authorization. It should be noted that Client #1 transitioned to this provider from foster care on 2/22/07.

W 356

W356

The QMRP will coordinate with nursing to insure that dental follow up is scheduled for client #3 by ... 12-30-07. It should be noted that although the QMRP notes do not reflect the efforts, efforts have been made to obtain the prior authorization needed. This is a system-wide problem that causes delays in dental treatments for many individuals in our support system. MTS will continue to work with the provider coalition and DDS to develop a system fix for this problem ... 12-1-07. The monthly QMRP notes will reflect the status of follow up beginning with the December 2007 notes ... 12-15-07.

W 436

483.470(g)(2) SPACE AND EQUIPMENT

The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

W 436

This STANDARD is not met as evidenced by:
Based on observations, interview and record

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W 436	<p>Continued From page 22</p> <p>review, the facility failed to ensure that clients were provided with necessary adaptive equipment for one of three clients included in the sample. (Client #1)</p> <p>The finding includes:</p> <p>1. Review of Client #1's Individual Support Plan (ISP) dated 2/5/07 on 11/1/07 at approximately 2:25 PM revealed a Physical Therapist Assessment (PT) dated 1/8/07. According to the PT assessment, it was recommended that Client #1 obtain "dynamic ankle foot orthosis for both feet to improve toe clearance." Interview with the facility's Licensed Practical Nurse (LPN) on 11/2/07 at approximately 12:00 PM revealed that the facility had purchased the orthosis but it was lost during the client's transfer to the new residence on 9/27/07. Interview with the Qualified Mental Retardation Professional (QMRP) on the same day at approximately 12:45 PM confirmed the facility's LPN statement. At the time of the survey, there was no evidence that the client had received the ankle foot orthosis as recommended in the ISP.</p>	W 436	<p>The QMRP will coordinate with nursing and the PT to insure that a new set of ankle orthosis is ordered for client #1 by ...12-15-07.</p>		